

Answers to Questions received and recorded by February 14, 2014 to the DOH-DDD

Reference Section	Reference Page	Question
2.2.5	PDF 6	<p>Please describe the specifications or limitation related to using AWS cloud service as a Hardware and Configuration Specification beyond the scope of the requirements included in Exhibit D.</p> <p>Response: We are looking for the best business solution primarily so the Department of Health – Developmental Disabilities Division (DOH-DDD) will consider any technical architecture that it is built on. Since the DOH-DDD is a HIPAA covered entity, a cloud service must meet the security guidelines as laid out by CMS. Also a cloud service must agree to a business associate agreement with the DOH.</p>
2.1 (Background)	PDF 5	<p>Please describe the various “users” for the requested system.</p> <p>Response: Please find below the estimated number of users:</p> <p>Specifically, please identify the number of:</p> <ul style="list-style-type: none"> State users (by agency/unit and type of access required) <p>Administration 10 total users, 5 with full access.</p> <p>Case Management Branch 150 total users, 15 with full access.</p> <p>Community Resource Branch 10 total users, 5 with full access.</p> <p>Outcomes and Compliance Branch 27 total users, 5 with full access.</p> <ul style="list-style-type: none"> Members None at this time. Caregivers None at this. Number of providers (by type of provider) None at this time. Other stakeholders (by type/name of stakeholder and role) None at this time.

		Please identify the expected growth of each of these roles for the next 5 years. None at this time.
2.2.5 & Exhibit D	PDF 6 & PDF pages 57 - 60	Does the State have a configuration preference (client/server model; ASP model; SaaS model)? Response: Again, we are looking for the best business solution primarily so the DOH-DDD will consider any technical architecture that it is built on. Since the DOH-DDD is a Health Insurance Portability & Accountability Act (HIPAA) covered entity, a hosted solution (SaaS) must meet the security guidelines as laid out by Centers on Medicare and Medicaid (CMS). Also a host must enter a business associate agreement with DOH.
Practice Scenarios	PDF 104	The Scenario Areas and Business Case - Background; Key Points and System Solution Exists are blank. Please provide guidance. Should the Offeror anticipate a demonstration of capabilities following these Scenario Areas and Business Cases? The Offeror recommends that DOH/DDD delete this section to simplify the RFP.
Exhibit E	PDF 69	The practice scenario was deleted. Please refer to Addendum 1 to the RFP posted 2/7/14. Requirement 6.1 Client Intake and Application for Services states "Provide the ability to enter initial intake data elements included in Attachment 3 - Initial Intake Information form." Please provide Attachment 3 for clarification. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 70	Requirements 6.5 and 6.6 of section Client intake and Application for Services references Attachment 4. Please provide Attachment 4. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 75	Requirement 9.3, Individual Service Management Attachment 5. Please provide Attachment 5. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 76	Requirement 9.11, Individual Service Management Attachment 6. Please provide Attachment 6. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 76	Requirement 10.1, Prior Authorization references Attachment 7. Please provide Attachment 7. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 77	Requirement 11.1, Client Budget Requirements references Attachment 8. Please provide Attachment 8. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 77	Requirement 11.2, Client Budget Requirements references Attachment 9. Please provide Attachment 9. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 87	Requirement 1.7 under Provider Registration refers to Attachment 10. Please provide

		Attachment 10. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 87	Requirement 1.8 under Provider Registration refers to Attachment 11. Please provide Attachment 11. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 87	Requirement 1.9 under Provider Registration refers to Attachment 12. Please provide Attachment 12. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 88	Requirement 2.1 under Adverse Event and Complaint Reporting refers to Attachment 13. Please provide Attachment 13. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 91	Requirement 2.9 under Adverse Event and Complaint Reporting refers to Attachment 14. Please provide Attachment 14. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 93	Requirement 5.8 under Adverse Event and Complaint Reporting refers to Attachment 15. Please provide Attachment 15. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 93	Requirement 5.9 under Adverse Event and Complaint Reporting refers to Attachment 15. Please provide Attachment 16. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 93	Requirement 5.10 under Adverse Event and Complaint Reporting refers to Attachment 15. Please provide Attachment 17. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 93	Requirement 5.11 under Adverse Event and Complaint Reporting refers to Attachment 15. Please provide Attachment 18. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 93	Requirement 6 under DD Waiver Performance Measures refers to Attachment 19. Please provide Attachment 19. Provided in Addendum 1 to the RFP posted 2/7/14.
Exhibit E	PDF 97	For requirements 12.1-4 of Budget and Contract Management, please clarify the referenced budget information needed (i.e. is it per Client, per Program, enterprise-wide).
 The Budget information is per client, per program and enterprise wide:		
Item 1—client and program;		
Item 2---client, program and enterprise;		
Item 3---client; and		
Item 4---client, program, enterprise;		
Section 2; 2.1 Project Environment	PDF 5	Has DOH/DDD engaged in, or does it plan to engage in, a data scrubbing and synchronization initiative to ensure consistency and simplification of the data migration process.

Section 2; 2.1 Project Environment	PDF 5	<p>The DOH-DDD is identifying certain demographic data fields to be migrated to the new system. Elements will consist of Name, Birth Date, Gender, Medicaid ID #, Admit Date, Discharge Date, Diagnosis, and possibly a few other fields.</p> <p>In regards to the Project Environment: Please provide an overview of "DD Cares". Please provide a listing and complete description of the manual aspects of the Environment that will need to be converted. What is the size of the current database in GBs?</p> <p>Response:</p> <p>The DOH-DDD will not convert all fields of the current system (DDCares).</p> <p>The current data inputted into DDCares is as follows::</p> <p>Client Contact Notes; documentation for billing of Targeted Case Management (TCM); Tracking of Medical Appointments (especially required Physical Exams); Client Profile Demographics - Name, Date of Birth, Address, Medicaid Identification number, Medical Insurance, Picture identification which may include public transportation, driver's license), Funeral Plan, Legal status (e.g. guardian of person/property, Representative Payee etc.).</p> <p>Alerts – Client allergies, risk factors, and Medicaid eligibility renewal dates.</p> <p>Contact Information – Client Guardian(s), relative(s), caregiver(s), Primary Physician, and other persons in the participant's circle of support.</p> <p>Intake information – Information is manually entered to track the progress of an individual through the DOH-DDD system (from their initial request, eligibility status, referral to a specific case management unit, and decline of services).</p> <p>Cost Center Locations – Information on when the client was assigned to a particular case management unit, the assigned case manager, and when the client was eligible for services.</p> <p>Diagnosis - DX code(S)</p>
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3 Hard drives - 12 GBs, 68 GBs, and 5 GBs

Section 2; 2.1 Project Overview	PDF 5	It appears that, based on the Priority Structure described in Exhibit E, DOH/DDD is seeking to establish a common IT infrastructure that can support the planning, accounting and delivery of covered HCBS to waiver participants. Is that an accurate description of this RFP's goal and purpose? That is an accurate description but, please be sure to review the entire RFP.
Section 2; 2.2.4 Implementation Plan	PDF 6	Please clarify that the proposal is not required to include an implementation plan. Is it correct that the implementation plan be delivered within 45 days from the date of contract award? The Implementation plan shall be delivered within 45 days of the award.
Section 2; 2.2.6 Cost Proposal	PDF 7	The dates included in this section (June 29, 2015 and June 29, 2016) are inconsistent with the dates in Cost Proposal, Exhibit F – PDF page 105 - (June 30, 2014 and July 10, 2014). Please clarify. The dates were corrected and clarified in Addendum 1 to RFP posted on Feb 7, 2014. The dates should be June 30, 2014 through June 29, 2016. Year one (1) is June 30, 2014 through June 29, 2015. Year two (2) is June 30, 2015 through June 29, 2016.
Section 2; 2.2.2 Vendor Profile	PDF 6	Exhibit D, DOH/DDD identifies three different approaches for the Offeror's Infrastructure and Technology (Client/Server, ASP, SaaS). Each Infrastructure and Technology approach will present different and complex implementation, operational and cost challenges for DOH/DDD, its members, their families and contracted providers. It is our experience that the three options will have different advantages and disadvantages to DOH-DDD.

For example, under the Client/Server model, DOH-DDD will be required to host their own infrastructure, which would include a substantial investment in staffing, hardware and ongoing operational support, as well as significant capital commitment at the time of set-up and deployment. These costs would be the responsibility of the State. They are not currently reflected in Exhibit F. In addition, our experience is that the ASP model will not enable the DOH-DDD to enjoy the benefits associated with economy of scale, resulting in a higher total contract cost [5- year contract term] to the DOH-DDD.

To reduce the associated risks to DOH-DDD from the Client/Server model, and to ensure DOH-DDD recognizes the financial benefits from economy of scale, we recommend deleting the Client/Server and ASP models from Exhibit D.

		<p>The SaaS model will enable the DOH-DDD to focus on maximizing members' independence and ensuring, and promoting their maximum health, safety and independence.</p> <p>Response: Thank you for your suggestion. The DOH-DDD is looking for the best business solution primarily so the DOH-DDD will consider any technical architecture that it is built on.</p>
Exhibit F; Cost Proposal	PDF 105	<p>The instruction for the Cost Proposal in Section 2.2.6 references two (2) separate cost proposals for the Exhibit E components to be implemented on June 29, 2015 and June 29, 2016.</p> <ul style="list-style-type: none"> • Should Offerors submit a separate Exhibit F forms for each period (June 29, 2015 and June 29, 2016)? Offerors should submit separate budgets for each year along with a total budget over the two years. How will DOH/DDD verify that each proposal includes the same Exhibit E components in the cost proposal for each implementation period (June 29, 2015 or June 29, 2016)? If each Offeror's cost proposal includes variable Exhibit E components, it will be difficult for DOH/DDD to determine whether its overall objectives will be met and if the proposed cost is comparable. The DOH-DDD will consider the number of components as well as the cost in making a determination. • Should the cost proposal include the Exhibit E specifications that will be implemented and operational by each date (June 29, 2015 and June 29, 2016)? Yes. Would the proposal receive lower points if the Exhibit E specification to be implemented and operational by each date were different from DOH/DDD expectations? Again, the DOH-DDD will consider the number of components meeting the specifications. • How should the Offeror describe, identify, and account for any cost associated with proposed supplemental task as described in Section 3; item 3.8.3? Identify as necessary to successfully complete obligations outlined in the RFP.
Section 3; 3.7 Exceptions	PDF 9	<p>Will a proposal be scored lower if it includes Exceptions? If yes, please describe. The DOH-DDD is following the guidelines posted in the RFP.</p>
Section 3; 3.10.5 (b.7)	PDF 11	<p>The Offeror proposes that DOH/DDD delete this element from the Evaluation Criteria. The Offeror's proposed revision to Section 3; 3.10.5 (e) below would make this evaluation criteria unnecessary and redundant. Thank you for your comment. This will not be deleted.</p>
Section 3; 3.10.5 (f)	PDF 11	<p>If the Offeror's Infrastructure and Technology defined in Exhibit D is SaaS and does not require DOH/DDD to acquire any hardware or hire any personnel to support and manage the</p>

		<p>solution what should be included in this section of the proposal?</p> <p>Response: Respond to all questions in the Exhibit sections except for the section on "Infrastructure and Technology". For "Infrastructure and Technology" respond to the applicable model being proposed.</p>
Section 4; 1 Cost of Service	PDF 13	<p>Please describe how DOH/DDD will establish a level playing field in awarding the 40 points in this section for all Offerors regardless of Infrastructure and Technology (see Exhibit D).</p> <ul style="list-style-type: none"> • The DOH/DDD will have unique and highly variable cost, based on the Infrastructure and Technology solution proposed by each Offeror. How will the State account for its total "cost of doing business" based on the Offeror's Infrastructure and Technology (see Exhibit D) solution? For instance, how will DOH/DDD recognize unaccounted for costs in the scoring of Exhibit F, such as: <ul style="list-style-type: none"> ○ Acquiring necessary hardware ○ Hiring and training staff to support State-hosted database (i.e. System Administrators, Solution Architects, etc.) ○ Operational responsibilities to maintain hosting infrastructure
Section 4; 3 Sample plan	PDF 13	<p>DDD is aware of this issue and will consider all costs prior to making a determination.</p> <p>Please describe the "sample projects and/or examples of written plans, organizational charts, contact trees" DOH/DDD will score for this Evaluation Criteria. It is unclear exactly what information or proposal elements DOH/DDD is going to evaluate the award these points.</p> <p>These are references and background that support your capability to provide the services listed in the RFP. The DOH/DDD will evaluate sample projects and examples to determine whether vendor has provided services similar to what is requested in the RFP.</p> <p>The Offeror recommends that DOH/DDD delete this evaluation criterion and replacing it with each Offeror's capacity and capabilities to assure DOH/DDD that the requirements of section 2.2.3 (a-i) be included in the planning and implementation of the proposed system. Because the sample projects could show the offeror's capabilities to assure the requirements, the DOH-DDD will not delete this section.</p>
2.2.3 & 3.10.5	PDF 6 & PDF 8	<p>Would the State approve substituting Section 4 Evaluation Criteria 3 "Sample projects" with 2.2.3 (a-i)? This substitution would enable the State to score Offerors' proposals relative to</p>

these mandatory system requirements.

Because the sample projects could show the offeror's capabilities to assure the requirements, the DOH-DDD will not delete this section.

**Exhibit D;
Product
Information;
Comprehensive**

PDF 56

Will DOH/DDD accept a proposal, and apply full applicable points, if the Offeror proposed a system that included a stage 1 meaningful use certification, as of the date the proposal is submitted, provided the Offeror certifies that a stage 2 meaningful use certification will be available within a reasonable time before system training and implementation?

Yes, the DOH-DDD will accept the certification from the offeror as stated in your question.

**Exhibit D;
Product
Information;
Comprehensive
and Exhibit E**

PDF 56 and
various

Please describe the stage 2 meaningful use functionalities that are required by DOH/DDD. Are these functionalities limited to those described in Exhibit E Priority Three Specifications?

They are limited to those described in Exhibit E Priority Three Section.

**Section 2.1 and
Exhibit E**

PDF 5

Is it the intent and priority of the DOH/DDD to implement Exhibit E, Priority One Specifications on the June 29, 2015, and implement Exhibit E, Priority Two and Three Specifications on the June 29, 2016? The intent of the DOH-DDD is to implement Priority 1 by June 29, 2015 and Priority 2 by June 29, 2016. Depending on costs, priority two and three may be deferred.

1. In order to provide accurate pricing can we find out the following:
 - a. Number of MD's using the product?
 - b. Number of Nurse practitioners or Physician assistants using the product?
 - c. Number or MD's, NP, or PA's using the E prescribe?
 - d. Number of Billing NPI numbers that will be used?

It is not a medical system but it is rather a case management system.

The DOH-DDD staff includes a Medical Director and nurses, but these staff will not be using the system to bill for their services.

The DOH-DDD has eleven (11) National Provider Identifier (NPI) numbers used in Targeted Case Management billing.

2. What type of Software are you currently using that we would be migrating from? Is it only Microsoft products and D.D. Cares?

The DOH-DDD plans to migrate a limited amount of data from DDCares. The database for DDCares is Structured Query Language (SQL). All other databases are Microsoft Access.

3. With D.D. Care does it allow you to Export .CSV files For Imports? Is it appropriate for us in this case to connect with your Technical lead with the D.D care software to ask directly, specific questions? If so can we have the persons contact?

Yes, data from reports can be exported to a comma separated values (csv) file, but onto our test server only, not to the user's computers.

4. How many sites/locations/clinics/offices etc... do you have?

Sites/locations=11---5 on Oahu and 1 each in Hilo, Kona and Waimea, Maui, Molokai and Kauai.

5. How many hard copies do you need for RFP fulfillment?

In addendum 1 to RFP posted on 2/7/14, it is stated as 1 original plus 3 copies.

1. Is the State of Hawaii willing to consider pricing methodologies other than those based purely on per-user fees? **Yes.**
2. At the Pre-Proposal Conference it was mentioned that Meaningful Use is not required within the initial two years. Is this still the case? **Yes.**
3. In attachment 2 - offer form - OF-2 - Is the total contract cost for the 2 year period ending June 29, 2016 or for the 5 year period referred to on exhibit F? **The initial contract is for two years, ending on June 29, 2016.**
4. If an item is scored as *“Yes, Additional Cost” the function is available but it requires system customization at an additional cost* in Exhibit E, should that cost be included in the overall bid price? **Yes.**
5. Exhibit F asks for a total cost of ownership over 5 years. What is required in terms of breakdown of costs in additional years (3,4 & 5)? **The cost to continue implementation through years 3, 4 and 5...Will this be included in the scoring of the bid? The DOH-DDD is only looking at best price for first two years. Additional costs for years 3, 4,5 are for budget projection purposes only and will not be used in the scoring of the proposals.**
6. To be able to answer *“Yes, Included” the function is available in the system and it is part of the basic system*, does that function need to be able to be demonstrated in a live system? **Included items should be able to be demonstrated.**

In Section E Priority 1 1.12 it says "System must provide reports to comply with HIPAA security audit requirements" does this include requiring the ability to track view only access to pages, as well the IP address the user was logged in from? [The system should comply with all audit requirements.](#)

In Section 2.2.3 it says "In addition to the requirements found in Exhibit E, the system must provide the following:" However in 3.10.5 it is not clear where these answers should be inserted. Can these answers be inserted as an addendum to "d. Specifications (Exhibit E)"? [Yes.](#)

Exhibit D, page 10 states: "Cost of training - - Will additional costs be incurred on clinic for training?" Can you please explain this requirement? [Training costs to implement; to bring users up to speed on utilizing system](#)

1. If a feature is planned for a future release and will be included at no additional cost, what answer should be given in Exhibit E? ("Yes, Included", "Yes, Additional Cost", or "No") [Yes, to be included.](#)
2. If an item in Exhibit E is scored as "Yes, Included", does that mean that it must be available for demonstration at the time of submission? [Yes.](#) What if it is currently in development and expected to be available for use by the time of implementation? [The offeror will need to specify that fact in their proposal.](#)
3. Several additional attachments are referenced throughout the RFP but not included. Will these be made available? This includes:
 - a. Exhibit B, Page 38 Practice Scenarios [This was DELETED in Addendum 1 to the RFP posted 2/7/14.](#)
 - b. Exhibit E, Section 6.1, Attachment 3 [This was attached in Addendum 1 to the RFP posted 2/7/14.](#)
 - c. Exhibit E, Section 6.5, Attachment 4 - Client Application [This was attached in Addendum 1 to the RFP posted 2/7/14.](#)
 - d. Exhibit E, Section 9.3, Attachment 5 - DDD ISP [This was attached in Addendum 1 to the RFP posted 2/7/14.](#)
 - e. Exhibit E, Section 6.1, Attachment 6 - Other Pertinent Information [This was attached in Addendum 1 to the RFP posted 2/7/14.](#)
 - f. Exhibit E, Section 10.1, Attachment 7 - Service Authorization [This was attached in Addendum 1 to the RFP posted 2/7/14.](#)
 - g. Exhibit E, Section 11.1, Attachment 8 - Services & Provider Authorization Form [This was attached in Addendum 1 to the RFP posted 2/7/14.](#)
 - h. Exhibit E, Section 11.2, Attachment 9 - Client Budget Form [This was attached in Addendum 1 to the RFP posted 2/7/14.](#)

Will you accept pricing models that are not based on per user fees. [Yes.](#)

Is an inclusive SaaS subscription price or a fee based on the number of individuals receiving services acceptable?
Do all items in Priorities 1,2 and 3 have to be included in the price quoted? [Only what offeror can provide.](#)

What are the “minimum bid specifications” as referenced on Page 17?

Exhibit F states that Exhibit E should be “implemented and operational by June 30, 2014”. Is this date correct? What is meant by implemented and operational. [The date should be June 30 2015.](#)

Exhibit F states a date of July 10, 2014. Is this date correct? [No. This was corrected in Addendum 1 to the RFP posted 2/7/14.](#)

How should the response be submitted? If on paper, how many copies and are there any particular formatting requirements? [1 original plus 3 copies. This is found in Addendum 1 to the RFP posted 2/7/14.](#) If an electronic version is required, what format should it be in and on what media? [No electronic proposals will be accepted.](#)

Reference Section	Reference Page	Question
Exhibit E; Priority Three Specifications; Section 5-Client Education; Specification 5.2	PDF 101	<p>This specification notes that materials must be available to clients in either English or Spanish; however, it appears that Hawaii Medicaid (see DHS RFP-MQD-2011-003) requires its contractors to provide materials in either English, Ilocano, Vietnamese, Chinese (Traditional) or Korean.</p> <p>Only English is required at this time.</p>
Exhibit D; Product Information; Comprehensive	PDF 56	<p>DOH-DDD indicates in its official published record of the Pre-Proposal Conference (and distributed by DOH-DDD on 2/6/14) that the resulting system is not intended for Medicaid medical services and that the system is intended for use within the DOH-DDD (see Vendor Question #6 and DOH-DDD's response). It is the Offeror's understanding that Meaningful Use (MU) guidelines/objectives require electronic health record systems (EHR) must (1) be certified and (2) meet a selected subset of Certification Commission for Health Information Technology (CCHIT) criteria. In addition, it is the Offeror's understanding that CMS has published stage 1 or stage 2 MU guidelines/criteria for eligible professionals, eligible hospitals and critical access hospitals.</p> <p>Therefore, to avoid confusion and ensure full Offeror understanding of and compliance with RFP requirements, please clarify which stage 1 or stage 2 MU guidelines/criteria (eligible professional, eligible hospital or eligible critical access hospital) is DOH-DDD requiring the Offeror to meet?</p> <p>The functions described in Priority 3, Section 7, Items 7.1-7.8 are the functions required pursuant to the RFP.</p>

Please specify the type of stage 1 or stage 2 MU EHR DOH-DDD is requiring. If stage 1 or stage 2 MU guidelines/criteria for eligible professionals will be required, please explain why the resulting system is not intended for Medicaid medical services.

See answer above.

Exhibit D; Technology and Infrastructure

PDF 59-61

If DOH-DDD selects a client/server approach:

1. Will the equipment necessary to support an offeror's client/server solution be housed within DOH-DDD or DHS? [DOH-DDD](#).
2. Will the staff necessary to support an offeror's client/server solution be part of DOH-DDD or DHS? [DOH-DDD](#).
3. Will an offeror's client/server solution need to interface with the HPMMIS? Please describe the interface(s) that must be tested and define the system/platform and any known or expected testing protocols (i.e., testing restrictions, limitations or requirements) of the HPMMIS. [No answer at this time; it will depend on the solution proposed.](#)
4. Are there other State computer systems (e.g., Med-Quest Division or Social Services Division of DHS) that an offeror's client/server solution will be required to tests its system? Please describe the interface(s) that must be tested and define the system/platform and testing protocols i.e., testing restrictions, limitations or requirements) of each system. [No answer at this time; it will depend on the solution proposed.](#)
5. Are there any other State computer systems interfaces (e.g., MQD Fraud Unit) that an offeror's client/server will be required to test? [No answer at this time; it will depend on the solution proposed.](#)

Please include sufficient information to support planning and proposing cost in Exhibit F; including any testing limitations, requirements, restrictions or protocols related to these systems (HPMMIS, Med-Quest Division, MQD Fraud Unit, etc.) or the vendors/entities that may operate these systems. Please clarify as this may affect an offeror's costs.

Exhibit D; Technology

PDF 59-61

Please clarify how DOH-DDD will recognize the cost of any hardware that may be

and Infrastructure		purchased by DOH-DDD from the Offeror or through State contracts and include that cost in evaluation of the Offeror's proposed cost in Exhibit F (PDF page 105)? The DOH-DDD is aware of this issue and will consider all costs prior to making a determination. The DOH-DDD is looking for the best business solution primarily so the DOH-DDD will consider any technical architecture that it is built on.
Exhibit D; Training/Testing;	PDF 64	In the official published record of the Pre-Proposal Conference (distributed by DOH-DDD on 2/6/14), DOH-DDD indicated that the system is not intended for Medicaid medical services, but Exhibit D Specifications reference training Nurses, Providers and Front Office personnel.
Facilitator/Consultant Led Training Sessions	Vendor Question and Answer page 2	
Vendor Question and Answer; Question/Response 6		<ol style="list-style-type: none"> 1. Should the Offeror include training Nurses, Providers and Front Office personnel in its cost proposal (Exhibit F) as indicated in Exhibit D? No. 2. Please provide a breakdown of the number of Nurses, Providers and Front Office personnel the Offeror should anticipate training, the contract year this training should occur and the number of anticipated training sites (e.g., will the Offeror be required to train these Nurses, Providers and Front Office personnel in their individual locations/offices). Not applicable. 3. Please provide guidance on how the Offeror should develop and include these costs in its Cost Proposal. Training will be for 120 initial users. Nurses, providers, and front office personnel are not included. 4. Should this section of Exhibit D be deleted and addressed as a contract amendment in subsequent years? Thank you for your suggestion, however, Exhibit D will not be deleted.
Vendor Question and Answer; Question/Response 5	Vendor Question and Answer page 2	During the Pre-Proposal Conference, a member of the DOH-DDD stated that DOH-DDD had not secured funding for contract year 3 and beyond. Please explain the DOH-DDD budgeting process and the potential it will be able to secure funding for subsequent years. The DOH-DDD will need to request funding through the Department of Health for FY 16 and beyond for any contract extensions.
Vendor Question and Answer; Question/Response 2	Vendor Question and Answer page 2	<ol style="list-style-type: none"> 1. Please clarify whether this RFP is to support a total of 300 users or 420 users. There will be 120 initial users with potential to grow to 300 users 2. Is this the total number of users for only the first two years or three years of the contract? The total number of users is 120 for the first 2 years. <ol style="list-style-type: none"> a. Does DOH-DDD plan to include participants and their circle of support as system users? Please provide detailed information on when (contract year) they will be included and the number of participants and members in their circle of

		support. This will be considered but, not for the first 2 years.
		b. Will the Offeror be responsible for training the participants and their circle of support? No How should the Offeror include these costs in its response to Exhibit F? These are costs will be in years 3-5 and will not be used in scoring the proposal but used for budget projections only.
Vendor Question and Answer; Question/Response 8	Vendor Question and Answer page 3	Please clarify the response to question 8. No dental services will be proposed at this time.
Exhibit D; Vendor Support; Product Enhancement Requests	PDF 63 &	The official published record of the Pre-Proposal Conference (and distributed by DOH-DDD on 2/6/14) DOH-DDD's response to Vendor Question and Answer Question/Response 6, states that the system is not intended for medical service providers through Medicaid. What specific aspects of required stage 2 meaningful use requirements should the Offeror stay current?
Vendor Question and Answer; Question/Response 6	Vendor Question and Answer page 2	See RFP Priority 3 Section 7, 7.1-7.8. If there is a change to the meaningful use specifications that the Offeror must implement to keep its system fully compliant with meaningful use requirements, and DOH-DDD has not included these requirements in the RFP, nor will DOH-DDD require the Offeror to implement these requirements, will DOH-DDD cover the cost of implementing the future enhancement even if it may never be used. If not specified in the RFP, it will not be covered.
Exhibit D; Training/Testing All Phases (Selection Through Post Go-Live)	PDF 63	Please specify the "before the contract is signed training" that DOH-DDD references in this section. How should the Offeror include the cost of such training in Exhibit F? The "before Contract Signed" reference is to <u>optional</u> demonstrations (not training) before and after contract is signed.

Exhibit D; Training/Testing All Phases (Selection Through Post Go-Live) Vendor Question and Answer; Question/Response 6	PDF 64 & Vendor Question and Answer page 2	<p>The official published record of the Pre-Proposal Conference (and distributed by DOH-DDD on 2/6/14) DOH-DDD's response to Vendor Question and Answer, Question/Response 6 states the system is not intended for medical service providers through Medicaid.</p> <ol style="list-style-type: none"> 1. What Practice/Specialty Specific Training as specified in Exhibit D will be required? None required. 2. If the description of "On-Site Training" in this section refers to providers and clinics will the Offeror, be required to provide training to medical providers and clinics? No. <p>Please provide a breakdown of the number of Nurses, Providers and Front Office personnel the Offeror should anticipate training. You do not need to worry about this issue.</p> <ol style="list-style-type: none"> a. Please provide the contract year that this training should occur. The DOH-DDD is not able to determine that information at this time. b. Will the Offeror be required to train these Nurses, Providers and Front Office personnel in their individual locations/offices? This is not an issue for this RFP. <p>Please provide guidance on how the Offeror should develop and include these costs in its Cost Proposal. This is not an issue for this RFP.</p> <p>Should this section of Exhibit D be deleted and addressed as a contract amendment in subsequent years?Thank you for your suggestion but this item will not be deleted. It is requesting information.</p>
Exhibit D; Contract Terms and Vendor Guarantee	PDF 65	<p>Please clarify the Hawaii government clients included in the specification "Will you agree to negotiate a standard form contract for use by Hawaii government clients?"</p> <p>The State is under State Procurement Rules and will issue a contract in accordance with those rules.</p>
Exhibit E; Priority One Specifications; Specification 2.2	PDF 69	<p>It is the Offeror's understanding that there are limited options for seeking enhanced FFP for EHR systems and applications.</p> <ol style="list-style-type: none"> 1. Does this requirement refer to enhanced FFP reimbursement to the State of Hawaii under the Recovery Act (section 4201 of the American Recovery and Reinvestment Act of 2009 (the Recovery Act) and 42 CFR section 495.318) that provides 100 percent Federal financial participation (FFP) to States for incentive payments to eligible Medicaid providers to adopt, implement, upgrade, and

	<p>meaningfully use certified EHR technology, and 90 percent FFP for State administrative expenses related to the program?</p> <p>2. Does the EHR application, as described and specified in the RFP, meet the above referenced criteria so that the resulting EHR is eligible for enhanced FFP? The DOH-DDD recognizes that there are limited options. The DOH-DDD is looking for the best business solution with the funding available.</p>
<p>Exhibit E; Priority Two Specification; Specification 2.0</p> <p>PDF 88</p>	<p>Based on the official published record of the Pre-Proposal Conference (and distributed by DOH-DDD on 2/6/14):</p> <ol style="list-style-type: none"> 1. Is it correct for the Offeror to assume that only DOH-DDD personnel will have access to the system for the first two or three years?Yes, for first two years. <ol style="list-style-type: none"> a) Is it correct that only DOH-DDD personnel can enter an Adverse Event in the system during this period? Yes. b) Would DOH-DDD be responsible for entering (scanning or otherwise) Adverse Events received from the participant, their circle of support or the provider? Yes. c) Will DOH-DDD give participants, their circle of support and providers access to the EHR for purposes of entering Adverse Events? Not at this time. d) Please specify the contract year that they will be given such access. Cannot be specified at this time. e) Please specify the number of participants, their circle of support or providers that will have such access. Cannot be specified at this time.
<p>Exhibit E; Priority Two Specification; Specification 3.0</p> <p>PDF 91</p>	<p>Based on the official published record of the Pre-Proposal Conference (and distributed by DOH-DDD on 2/6/14), the Offeror assumes that only DOH-DDD personnel will have access to the system for the first two or three years. If this assumption is correct: Correct for the first two years.</p> <ol style="list-style-type: none"> 1. Is it correct that only DOH-DDD personnel can enter a Client Appeal in the system? Yes. 2. Would DOH-DDD be responsible for entering (scanning or otherwise) Client Appeals received from the participant, their circle of support or the provider?Yes. 3. Please specify the contract year that they will be given such access. The DOH-DDD cannot specify at this time. 4. Please specify the number of participants, their circle of support or providers that will

have such access. [Cannot be specified at this time.](#)

**Section 1; Paragraph
1.5 (Pre-
Proposal Conference)**

PDF 4

Does the official published record of the Pre-Proposal Conference (and distributed by DOH-DDD on 2/6/14) constitute the position of DOH-DDD and considered an addendum to RFP 14-HTH-DDD? If no, will DOH-DDD include all of this information (including Vendor's Questions and DOH-DDD responses) in any future addendum to RFP 14-HTH-DDD? [The minutes to the pre-proposal conference and all questions received and recorded by February 14, 2014, will be included along with the answers to the questions in Addendum 2 to the RFP.](#)

**Section 2; Paragraph
2.1; (Project Overview)**

PDF 5

According to this section DOH-DDD "...is seeking a contractor to provide a comprehensive online and web enabled model solution designed to meet the needs, business practices, security requirements and reporting requirements of the Division and supporting agencies, including providers and federal agencies."

The Offeror understands that the RFP includes DOH-DDD's needs, business practice, security requirements and reporting requirements, but requires clarifications to provide an accurate proposal.

1. Please specify the supporting agencies and providers as referenced in this paragraph. [Supporting agencies would include Department of Human Services \(DHS\); Providers would include Home and Community Based Services \(HCBS\) program Medicaid Waiver providers, Consumer Directed providers, and other ancillary providers for services.](#)
2. Please define the role and responsibilities of these supporting agencies and providers. [DHS is the State Medicaid Agent for the State of Hawaii. HCBS Medicaid Waiver and Consumer Directed providers provide direct services to clients.](#)
3. How will the Offeror incorporate these costs in Exhibit F? [These supporting agencies will not be included in the first two years of the contract.](#)
4. Will these associated costs be incorporated as a contract amendment? [Associated costs will depend on availability of funds.](#)

**Section 2; Paragraph
2.1; (Project Overview)**

PDF 5

This paragraph specifies that the contractor will be responsible for facilitating and participating in strategic goals planning sessions with DOD staff to identify and address

Section 2: Paragraph 2.2.4 (Implementation Plan)	& PDF 6	needed system requirements.
Exhibit B; Paragraph 19 (Adjustments of price or time for performance)	& PDF 46	<ol style="list-style-type: none"> 1. Must these strategic goals planning sessions occur prior to the Offeror presenting its implementation plan as described in section 2; paragraph 2.2.4? Yes this should occur in initial meetings after execution of contract. 2. If, as a result of these strategic goals planning sessions, DOH-DDD identifies needed system requirements that were not included in this RFP, will DOH-DDD issue an amendment to the resulting contract and allow the Offeror to increase/decrease its price as described in Exhibit B, paragraph 19 (Modification of Contract), including subparagraph 19.d (Adjustments of price or time for performance)? The DOH-DDD does not anticipate this occurring.
Exhibit E; Specifications	PDF 67	<p>According to the response instructions for Exhibit E – Specifications “No comment or clarification should exceed half a page in length. Comments and Clarifications may be provided on a separate attachment.”</p> <ol style="list-style-type: none"> 1. Is it acceptable for the Offeror to develop and submit its own Exhibit E or must the Offeror only use the Exhibit E that was included in the RFP? Yes. 2. May the Offeror include additional attachments to accommodate graphics that may further clarify comments/clarifications, if textual content remains less than a standard 420 words? Yes. 3. Will the state consider clarifying the page count limitation to 420 words? There is no limitation to the page count.
Section 2; Paragraph 2.2.2 (Vendor Profile)	PDF 6	<p>It appears that Exhibit D was at one time designed to have the Offeror enter its responses directly to the Exhibit; however, Exhibit D will not accept the Offeror's responses.</p> <ol style="list-style-type: none"> 1. Is it acceptable for the Offeror to develop and submit its own Exhibit D or must the Offeror only use the Exhibit D that was included in the RFP? Yes. 2. If yes, what is DOH-DDD preferred method for the Offeror to develop and submit its own Exhibit D (for instance, there are no specification numbers or identifiers for Exhibit D as there are for Exhibit E)? Follow the order of Exhibit D 3. Are there any page limits to the Offeror's responses to each specification in Exhibit D? No.
Section 2; Paragraph	PDF 7	If DOH-DDD and the Offeror should agree to another contract period or portion thereof as described in this paragraph, will such agreement be in accordance with Exhibit B,

2.3 (Term of Contract)	&	paragraph 19 (Modification of Contract), including subparagraph 19.d (Adjustments of price or time for performance) if DOH-DDD should modify the terms and conditions of this RFP, including but not limited to, the number of users, type of users, number of required reports, testing/system interfaces, training (including location of training) and/or the Offeror's accepted proposal? Yes, any modifications will be in accordance with Exhibit B paragraph 19 and with all State of Hawaii Procurement Rules.
Exhibit B; Paragraph 19 (Adjustments of price or time for performance)	PDF 46	

Questions regarding State of Hawaii's Department of Health - Developmental Disabilities Division RFP – No. RFP-14-HTH-DDD

1. Is DHS-DDD willing to accept proposals for portions of the RFP? Or is DHS-DDD looking for a unified solution to meet the requirements?

The DOH-DDD is looking for a unified solution to meet the specified requirements.

- a. If willing to accept proposals for portions of the RFP, does DHS-DDD have a list of preferred vendors who may want to partner with an EHR company? **No.**
2. This is not a typical EMR response, so eClinicalWorks is trying to understand the environment in order to provide the most accurate and cost effective pricing.

This Electronic Health Record is not intended for medical services through Medicaid. The system is for use within the Department of Health, Developmental Disabilities Division.

- a. Please list the number of organizations/agencies and how large each of these organizations/agencies is.

There will be 120 initial users of the system.

- i. Please provide the number of clinical health users who will be accessing and recording within the system. This means anyone who is providing direct care to a patient; whether it be medication management, behavioral health counseling, assistive technology evaluations, etc. **Not applicable.**
 - ii. Please provide the full- and part-time breakout of clinical users within each of these organizations/agencies.

Not applicable.

1. Full-time means any clinical user that works more than 2 days a week is equal to 1.0 Full Time Equivalent Provider (FTE).
2. Part-time means any clinical user that works 2 days or less per week is equal to 0.5 Full Time Equivalent (FTE).

b. Please identify the number of locations/facilities.

Not applicable.

3. Please list all of the required interfaces. If pertaining to data interchange, the DOH-DDD is unable to determine at this time. A list would be based on the business solution selected and its technical capability.
4. Does DHS-DDD require a single database or multiple databases? Single production data base with multiple tables and table views and multiple databases for Disaster Recovery and testing.
5. Please list the specific devices required. The DOH-DDD is unable to determine at this time. A list would be based on business solution selected and its technical requirements.
6. Is DHS-DDD interested in a Train-the-Trainer model? DOH-DDD would be interested in a Train-the Trainer model.
7. Since a Word version of the RFP will not be provided, please advise how the checklists and forms should be completed. Would DHS-DDD like these handwritten? The DOH-DDD will accept clear and legible handwritten responses.

Questions Submitted to the State of Hawaii Department of Health Developmental Disabilities Division for the Electronic Health Record RFP-14-HTH-DDD

1. Please advise whether Bidder should submit a Proposed Payment Schedule correlated with the Reports and Deliverables Timeline referenced in Section 5.13 Payment of the RFP. A payment schedule is negotiated with contract execution.
2. RFP Exhibit F – Cost Proposal provides a section for Initial Year Costs. Please clarify whether Bidder should show costs for POP of June 30, 2014 to June 29, 2016 as stated in Section 2.3 Term of Contract. Offerors should show costs for each year of the two-year period, with dates as amended in Addendum 1 to the RFP posted 2/7/14.

3. What level of effort, labor category, and/or labor rate detail does the State require in support of the offer in Attachment 2 and Exhibit F? [The vendor may determine.](#)
4. The space provided in Attachment 2 appears to be for the base contract period of performance. If the vendor's price for option year services differs from the base period price quotation, can the vendor add lines to Attachment 2 to present this? [Yes.](#)
5. Do you require tabs for the subtitles in addition to the main titles? [No, it will be up to vendor.](#) If so, can we abbreviate the naming of the subtitles in order for them to fit on the tab indexes? [Yes, so long that it is clearly identified.](#)
6. Can the state please provide further details for the required Broadcasters Liability coverage needed for this contract? What specifically it will cover within the context of this RFP/contract.

[Information about the liabilities and insurance requirements listed in the proposal is available at the State of Hawaii Procurement website at \[www.spo.hawaii.gov\]\(http://www.spo.hawaii.gov\)](#)

Question: please get the Net Patient Revenue or Operating Budget number to the Department of Health.

[Operating budget can be found at following link:](#)

<http://budget.hawaii.gov/wp-content/uploads/2012/12/18.-Department-of-Health-FB13-15-PFP.pdf>

DDD budget is page 753-756

In the RFP instructions I do not see how many hardcopies are being requested. Can you please confirm the number of copies you would like to receive?

[1 original and 3 copies as posted in Addendum 1 to the RFP on 2/7/14.](#)

*Inpatient Admits Per Year:0

*Outpatient (Clinic, Referred, SDC) Visits/year:0

*ER Visits Per Year:0

*Multiple Facilities?Yes

*# Of DataCenters: 1 location for servers housed at Kinau Hale or the DDD locations on Oahu and Neighbor Islands = 11.

Will Ea. Fac. Maintain Its Own MIS/Databases? No, this will be managed centrally

*Facility Description: There is one location with a central server and 11 operating program offices.

Total Licensed Beds: 0

Acute Licensed Beds: 0

Pediatric Licensed Beds: 0

LTC Licensed Beds: 0

Psychiatric Licensed Beds: 0

Other Licensed Beds: 0

Explanation Of Other Licensed Beds: 0

% Avg. Occupancy of Beds: 0

*Populations Served: 3200

*# Of Enrollees: Not clear on what is being asked.

*# Of Active Clients: 3200

*Outpatient Programs: All DOH-DDD services are community based.

*# Of Outpatient Enrollments: Not clear on what is being asked.

*# Of Outpatient Programs: Not clear on what is being asked.

*# Of Outpatient Services: Not clear on what is being asked.

*# Of Outpatient Case Managers: 120

*# Of Outpatients Per Case Manager: 40